

Guidance on infection control in schools and other childcare settings

“Health Protection Agency”

Prevent the spread of infections by ensuring: routine immunisation, high standards of personal hygiene and practice, particularly by hand washing and maintaining a clean environment.

1. In the first instance a school should refer to the Health Protection Agency information below.
2. If further advice is needed a school should speak to their school nurse.

Rashes and skin infections	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athletes foot is not a serious condition. Treatment is recommended
Chickenpox	Five days from the onset of rash	<i>SEE: Vulnerable Children and Female Staff – Pregnancy</i>
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting.
German measles (rubella)*	Six days from onset of rash	Preventable by immunisation (MMR x 2 doses). <i>SEE: Female Staff – Pregnancy</i>
Hand, foot and mouth	None	Contact your local HPU if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x 2). <i>SEE: Vulnerable Children and Female Staff – Pregnancy</i>
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child
Slapped cheek / fifth disease. Parvovirus B19	None	<i>SEE: Vulnerable Children and Female Staff – Pregnancy</i>
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local HPU. <i>SEE: Vulnerable Children and Female Staff – Pregnancy</i>
Warts and Verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea and vomiting illness	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
<i>E. coli</i> O157 VTEC	Should be excluded for 48 hours from the last episode of Diarrhoea	Further exclusion may be required for young children under five and those who have difficulty in adhering to hygiene practices
Typhoid* [and paratyphoid*] (enteric fever)	Further exclusion may be required for some children until they are no longer excreting	This guidance may also apply to some contacts who may require microbiological clearance
Shigella (dysentery)		Please consult your local HPU for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infections	Recommended period to be kept away from school, nursery or childminders	Comments
'Flu (influenza)	Until recovered	<i>SEE: Vulnerable Children</i>
Tuberculosis*	Always consult your local HPU	Requires prolonged close contact for spread
Whooping cough* (pertussis)	Five days from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPU will organise any contact tracing necessary

Other infections	Recommended period to be kept away from school, nursery or childminders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPU
Diphtheria *	Exclusion is essential. Always consult with your local HPU	Family contacts must be excluded until cleared to return by your local HPU. Preventable by vaccination. Your local HPU will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local HPU will advise on control measures
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. For cleaning of body fluid spills. <i>SEE: Good Hygiene Practice</i>
Meningococcal meningitis* / septicaemia*	Until recovered	Meningitis C is preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local HPU will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local HPU will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular hand washing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local HPU
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x 2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

* **Denotes a notifiable disease** - It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local Health Protection Unit.

Regulating bodies - for example, ESTYN or the Care and Social Services Inspectorate Wales may wish to be informed. Please refer to local policy.

Outbreaks: if a school, nursery or childminder suspects an outbreak of infectious disease, they should inform their local Health Protection Unit.

Immunisations

Immunisation status should always be checked at school entry and at the time of any vaccination. Parents should be encouraged to have their child immunised and any immunisation missed or further catch-up doses organised through the child's GP. For the most up-to-date immunisation advice www.immunisation.nhs.uk, or the school health service can advise on the latest national immunisation schedule.

2 months old	<ul style="list-style-type: none"> • Diphtheria, tetanus, pertussis, polio and Hib (DTaP / IPV / Hib) • Pneumococcal (PCV) 	<ul style="list-style-type: none"> • One injection • One injection
3 months old	<ul style="list-style-type: none"> • Diphtheria, tetanus, pertussis, polio and Hib (DTaP / IPV / Hib) • Meningitis C (Men C) 	<ul style="list-style-type: none"> • One injection • One injection
4 months old	<ul style="list-style-type: none"> • Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) • Pneumococcal (PCV) • Meningitis C (Men C) 	<ul style="list-style-type: none"> • One injection • One injection • One injection
12 – 13 months	<ul style="list-style-type: none"> • Hib / meningitis C • Measles Mumps and Rubella (MMR) • Pneumococcal (PCV) 	<ul style="list-style-type: none"> • One injection • One injection • One injection
Three years and four months or soon after	<ul style="list-style-type: none"> • Diphtheria, tetanus, pertussis, polio (DTaP / IPV) or dTaP / IPV • Measles Mumps and Rubella (MMR) 	<ul style="list-style-type: none"> • One injection • One injection
13 to 18 years old	<ul style="list-style-type: none"> • Tetanus, diphtheria, and polio (Td/IPV) 	<ul style="list-style-type: none"> • One injection
Girls aged 12 to 13 years	<ul style="list-style-type: none"> • Cervical cancer caused by human papilloma virus types 16 and 18. HPV vaccine 	<ul style="list-style-type: none"> • Three doses over six months

This is the UK Universal Immunisation Schedule. Children who present with certain risk factors may require additional immunisations. Some areas have local policies – check with your local HPU.

Staff Immunisations

All staff should undergo a full occupational health check prior to employment; this includes ensuring they are up to date with immunisations. All staff aged 16–25 should be advised to check they have had two doses of MMR.

For references visit www.hpa.org.uk Information produced with the assistance of the Royal College of Paediatrics and Child Health.